

APPLICATION DATA SHEET

Application Information	
Application Number::	
Filing Date::	Herewith
Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R::	None
Number of CD disks::	
Number of Copies of CDs::	
Sequence Submission?::	Yes
Computer Readable Form (CRF)?::	Yes
Number of Copies of CRF::	1
Title::	IMMUNOGENIC COMPOSITION AND METHODS
Attorney Docket Number::	AM-101319
Request for Early Publication?	No
Request for Non-Publication?	No
Suggested Drawing Figure::	
Total Drawing Sheets::	7
Small Entity::	No
Latin name::	
Variety denomination name	
Petition Included::	No
Petition Type	
Licensed US Govt. Agency::	National Institutes of Health
Contract or Grant Number::	NIH NO1-A1 05397 and NIH NO1-A125458
Secrecy Order in Parent Application::	

Applicant Information	
Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	John
Middle Name::	
Family Name::	Eldridge
Name Suffix::	
City of Residence::	Somers
State or Province of Residence::	NY
Country of Residence::	US
Street of Mailing Address::	16 Wellington Lane
City of Mailing Address::	Somers
State or Province of Mailing Address::	NY
Country of Mailing Address::	US
Postal or Zip Code of Mailing Address::	10589

Applicant Information	
Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Zimra
Middle Name::	R
Family Name::	Israel
Name Suffix::	
City of Residence::	New York
State or Province of Residence::	NY
Country of Residence::	US
Street of Mailing Address::	200 Riverside Blvd. #402
City of Mailing Address::	New York
State or Province of Mailing Address::	NY
Country of Mailing Address::	US
Postal or Zip Code of Mailing Address::	10069

Applicant Information	
Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Michael
Middle Name::	A.
Family Name::	Egan
Name Suffix::	
City of Residence::	Washingtonville
State or Province of Residence::	NY
Country of Residence::	US
Street of Mailing Address::	36 Cardinal Drive
City of Mailing Address::	Washingtonville
State or Province of Mailing Address::	NY
Country of Mailing Address::	US
Postal or Zip Code of Mailing Address::	10992

Applicant Information	
Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Stephen
Middle Name::	A
Family Name::	Udem
Name Suffix::	
City of Residence::	New York
State or Province of Residence::	NY
Country of Residence::	US
Street of Mailing Address::	155 West 70 th Street, Apt. 6F/G
City of Mailing Address::	New York
State or Province of Mailing Address::	NY
Country of Mailing Address::	US
Postal or Zip Code of Mailing Address::	10023

Correspondence Information	
Correspondence Customer Number::	38199
Name::	Howson and Howson
Street of Mailing Address	Spring House Corporate Center, Box 457
City of Mailing Address	Spring House
State or Province of Mailing Address	Pennsylvania
Country of Mailing Address	US
Postal or Zip Code of Mailing Address::	19477
Phone Number::	215-540-9200
Fax Number::	215-540-5818
E-Mail Address::	mebak@howsonandhowson.com

Representative Information		
Representative Customer No. 38199	Registration Number	Name

Domestic Priority Information			
Application	Continuity Type	Parent Application	Parent Filing Date
This Application	National Stage of	PCT/US2004/006089	03/23/04
PCT/US2004/006089	An application claiming the benefit under 35 USC 119(e)	60/546,733	02/23/04
PCT/US2004/006089	An application claiming the benefit under 35 USC 119(e)	60/457,876	03/26/03

Assignee Information	
Assignee Name::	Wyeth
Street of Mailing Address::	5 Giralda Farms
City of Mailing Address::	Madison
State or Province of Mailing Address::	NJ
Country of Mailing Address::	US
Postal or Zip Code of Mailing Address::	07940